OPTrust

OPSEU Pension Trust | Fiducie du régime de retraite du SEFPO

Termination of Membership Application For Entitlement

OPSEU Pension Trust 1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7
Telephone: 416-681-6100 Toll-free: 1-800-637-0024 Fax: 416-681-6175

PERSONAL INFORMATION

Last Name | **First Name and Initials** | Date of Birth (DD/MM/YYYY) | OPTrust ID Number

Employee WIN Number | E-mail Address | Home Telephone Number | Business Telephone Number

Home Address: Number and Street | Apt. No.

City/Town | Province | Postal Code

Marital Status: ☐ Single ☐ Married ☐ Common-law ☐ Separated/ Divorced ☐ Widowed

I am terminating my membership in the OPSEU Pension Plan effective: Date of Termination (DD/MM/YYYY) D D M M Y Y Y Y

Reason for Application

- ☐ Immediate Pension
- ☐ Termination of Membership – non-vested
- ☐ Divestment
- ☐ Disability Pension Termination of Membership – vested
- ☐ Transfer _____ (to plan)

Additional Credit

I have a purchase of credit application in process and I elect to:

- ☐ Upon notice of the balance due, make a final lump sum payment.
- ☐ Make no further payments and receive credit in proportion to the payment(s) made.

I have a purchase of credit application which has not been processed:

- ☐ Please advise of the cost. If I elect to pay, a lump sum payment by cheque will be made.
- ☐ I am no longer interested in pursuing the purchase of credit application.

APPLICATION FOR REFUND – To be completed by Non-Vested Members

☐ **I am aware that the only entitlement payable to me from the OPSEU Pension Plan is a refund of contributions plus interest.**

I elect to have the refund processed as follows:

- ☐ payment (less withholding tax) sent to my home address.
- ☐ payment sent to my RRSP according to the T2151 form attached.
- ☐ notify me of the refund amount in order to elect form of payment.

I, the undersigned, confirm that the information under sections 1 and 2 is complete and accurate.

Signature | Date Signed (DD/MM/YYYY)

x Sign Here | D D M M Y Y Y Y

EMPLOYMENT INFORMATION – To be completed by the Employer

Plan Membership Date (DD/MM/YYYY) | Employment Termination Date (DD/MM/YYYY) | Date of last change to Salary Rate (DD/MM/YYYY)

Final Salary Rate: $ | Is the member currently on a leave of absence for which contributions have not been made? ☐ Yes ☐ No

If Yes, please indicate: From: Date (DD/MM/YYYY) | To: Date (DD/MM/YYYY) | Employer

Employer Official's Name | Business Telephone Number

I, the undersigned, confirm that the information under sections 1 and 2 is complete and accurate.

Employer Official's Signature | Date Signed (DD/MM/YYYY)

x Sign Here | D D M M Y Y Y Y

Personal information is collected on this form under the authority of Article 14.1 of the Ontario Public Service Employee's Union Pension Plan. It will be used to determine eligibility for benefits and to document/process pension payments.

Keep a copy of this form for your records.